

NH DEPT. OF AGRICULTURE, MARKETS & FOOD BUREAU OF WEIGHTS & MEASURES 25 CAPITOL STREET PO BOX 2042 CONCORD, NH 03302-2042

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FORM: CR-04-03

COMPLAINT REPORT

							DATE SUBMITTED		TIME	
WHERE			LOCATION	WHERE	THE PROI	BLEM/CC	MPLAINT (CCURF	RED	
NAME OF BUSINESS								TELEPHONE NO.		
STREET ADDRESS			CITY				COUNTY			
WHEN	DATE:			TIME:						
WHAT	DESCRIBE COMPLAINT IN DETAIL:									
								-		
descriptive info complaints, inc	ormation so lude numbe	gas complaints, pump as to identify the scale r of deliveries made, re ed to: 603-271-3700	. For Pricing l	Errors, inclu	ide posted pr	rice, sale pr	ice, advertised	price, etc:	: For Fire Wood	
WHO DID YOU COMPLAIN TO AT THE LOCATION			DESCRIBE THE PERSON							
			NAME							
			SEX	RACE	AGE	HEIGH	T WEIGHT	HAIR	EYE	
			DISTINGUISHING CHARACTERISTICS							
HAVE YOU C	ONTACTE	D ANY OTHER AGE	NCY: CONS	UMER OR	LEGAL?	□ YES	□ NO			
IF YES, WHO	:									
IF WE CONTA	ACT THE B	USINESS, DO YOU V	WANT YOUF	R NAME K	EPT CONFI	DENTIAL	? □ YES	□n	О	
WOULD YOU	LIKE TO I	BE INFORMED WITH	H THE RESU	LTS OF OU	JR INVESTI	IGATION/	ACTIVITIES?	☐ YES	s 🗆 no	
		NAME								
PLEAS	SE	ADDRESS								
FILL O		CITY						ZIP CODE		
		TELEPHONE NO	E-MA	AII.			FAX			

This form must be complete before submitting to NHDAM&F. This form may be submitted by US Mail, Fax or E-mail.